



**Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory**  
Mail to: Right-to-Know Program  
1000 SW Jackson Suite 330  
Topeka KS 66612-1365  
(785) 296-1688

Important: Read all instructions before completing form

2. Facility Identification 2a. New Facility ☐ Yes ☒ No

1. Reporting Period  
From January 1 to December 31, 2023

Page 1 of 4

3a. Owner/Operator Identification

Name TC ENERGY - HOPE PUMP STATION

Street Address 549 OUAIL ROAD

Latitude 38.6728770 Longitude -97.0443850

City HERINGTON County DICKINSON State KS Zip 67449

Phone 816-233-6033

NAICS 486110

RMP Fac ID

TRI Fac ID

Max # of occupants 10

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?  
☐ Yes ☒ No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?  
☐ Yes ☒ No

4a. Tier II Contact

Name BRIAN MEYER

Title ENV SPECIALIST

Phone 402-492-7408

24-hour phone 531-444-6990

Email brian.meyer@tcenergy.com

4b. Emergency Contact

Name TRAVES GUTHMILLER

Title GATEWAY AREA MGR

Phone 816-752-4383

24-hour Phone 816-752-4383

Email traves.guthmiller@tcenergy.com

Name RYAN BERGER

Title US OIL OPS DIR

Phone 918-285-6174

24-hour Phone 918-285-6174

Email ryan.berger@tcenergy.com

7. Certification (Read and sign after completing all Sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through 4 and hereby certify the accuracy of that information. I am the owner, operator, or authorized representative of the facility and I am responsible for obtaining this information. I believe the submitted information is true, accurate, and complete.

Brian Meyer / Senior Environmental Specialist

1/9/2024

Name and official title of owner/operator or authorized representative

Date

Signature

Business Name TRANSCANADA PIPELINE LP

Address 13710 FNB PARKWAY SUITE 300

City OMAHA State NE Zip 68134

Business Phone 402-492-7408 Country USA

Submitter BRIAN MEYER

Email brian.meyer@tcenergy.com

Dun & Bradstreet

3b. Mailing Address if different from Owner/Operator Address

Business Name

Address

City

State NE

Zip

ATTN

Phone

5. Section Reporting: Please check as appropriate

☒ Section 312

☒ Section 311

☐ Section 302

☒ Annual

☐ Revision

☐ Identical to last year

For Official Use Only

Facility ID #

Parent ID #

Entered by

6. Optional Attachments

☒ Site Plan

☐ Description of Dikes

☐ Site Coordinate Abbreviations

☐ Other Safeguard Measures

# 8. Chemical Information

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential								
<b>Chemical Name:</b> EP-2000 (ETHYLENE GLYCOL) <b>CAS #:</b> 107-21-1 <b>EHS:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EHS Name (if applicable):</b>  <b>EHS CAS # (if applicable):</b>	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<b>Container Type</b> Above Ground Tank Pressure Ambient Pressure Temperature Ambient Temperature Storage Location INTERMODAL TANK SW SIDE	60,200 Maximum Daily Amount (lbs) 43,000 Average Daily Amount (lbs)	365 Number of Days on Site <input type="checkbox"/> Optional Report	<b>Chemical Name:</b> LUMINOL TR-1 <b>CAS #:</b> NONE <b>EHS:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EHS Name (if applicable):</b>  <b>EHS CAS # (if applicable):</b>	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<b>Container Type</b> Above Ground Tank Pressure Ambient Pressure Temperature Ambient Temperature Storage Location STATION TRANSFORMER	42,000 Maximum Daily Amount (lbs) 42,000 Average Daily Amount (lbs)	365 Number of Days on Site <input type="checkbox"/> Optional Report

8. Chemical Information

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential															
<b>Chemical Name:</b> Sulfuric Acid - Lead Acid Batteries  <b>CAS #:</b> 7664-93-9  <b>EHS:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>EHS Name (if applicable):</b>   <b>EHS CAS # (if applicable):</b>	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input checked="" type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input checked="" type="checkbox"/> Reproductive toxicity <input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th colspan="2">Storage Location</th> </tr> <tr> <th></th> <th>Ambient Pressure</th> <th>Ambient temperature</th> <th><input type="checkbox"/> Inside</th> <th><input type="checkbox"/> Electrical Building</th> </tr> </thead> <tbody> <tr> <td>Battery</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Container Type	Pressure	Temperature	Storage Location			Ambient Pressure	Ambient temperature	<input type="checkbox"/> Inside	<input type="checkbox"/> Electrical Building	Battery				
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	Ambient Pressure	Ambient temperature	<input type="checkbox"/> Inside	<input type="checkbox"/> Electrical Building														

MIXTURE COMPONENT INFORMATION FORM

Chemical Name: EP-2000 (ETHYLENE GLYCOL)

CAS #: 107-21-1

Mixture Component Chemicals	%	CAS #	EHS
Ethylene glycol	10-30	107-21-1	<input type="checkbox"/>
C-11-C15 Hydrocarbon Solvent	<10	Proprietary	<input type="checkbox"/>
Alcohols, C12-C14 secondary, ethoxylated	0-6	84133-50-6	<input type="checkbox"/>
Alcohol Ethoxylate 1	0-6	Proprietary	<input type="checkbox"/>
Alcohol Ethoxylate 2	0-6	Proprietary	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: LUMINOL TR-1

CAS #: NONE

Mixture Component Chemicals	%	CAS #	EHS
Lubricating oil (gerolcum), C15-30, hydromet-e	90-99	72623-86-0	<input type="checkbox"/>
1,2,3,4-tetrahydronaphthalene	1-5	119-64-2	<input type="checkbox"/>
2,6-di-tert-butyl-p-cresol	0.1-1	128-37-0	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: Sulfuric Acid - Lead Acid Batteries

CAS #: 7664-93-9

Mixture Component Chemicals	%	CAS #	EHS
Sulfuric Acid	5-15	7664-93-9	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name:

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>



# Hope Pump Station

549 Quail Road, Herington, KS 67449

Legend  
Container

Hope

luminal TTR

Battery Backup - Sulphuric Acid

EP-2000

Google Earth

200 ft







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 1000 SW Jackson Suite 330  
 Topeka KS 66612-1365  
 (785) 296-1688

Important: Read all instructions before completing form

2. Facility Identification 2a. New Facility ☐ Yes ☒ No

Name Hope

Street Address 313 S Poplar

Latitude 38.6817000 Longitude -97.0411000

City HOPE County DICKINSON State KS Zip 67451

Phone 913-231-9671

NAICS 221122

RMP Fac ID

TRI Fac ID

Max # of occupants 0

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

1. Reporting Period  
 From January 1 to December 31, 2022

Page 1 of 2

3a. Owner/Operator Identification

Business Name Everygy, Inc.

Address 1200 Main St.

City Kansas City State MO Zip 64105-2122

Business Phone 785-508-2841 Country USA

Submitter Andrew Hare

Email Andrew.hare@everygy.com

Dun & Bradstreet N/A

3b. Mailing Address if different from Owner/Operator Address

Business Name Everygy, Inc.

Address Everygy, Inc. Attn: Andrew Hare

City Kansas City State MO Zip 64105-2122

ATTN Andrew Hare

Phone 913-231-9671

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

5. Section Reporting: Please check as appropriate

☒ Section 312

☐ Section 311

☐ Section 302

☒ Annual

☐ Revision

☐ Identical to last year

For Official Use Only

Facility ID #

Parent ID #

Entered by

6. Optional Attachments

☐ Site Plan

☐ Description of Dikes

☐ Site Coordinate Abbreviations

☐ Other Safeguard Measures

7. Certification (Read and sign after completing all Sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through 2 and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Name and official title of owner/operator or authorized representative

Date

Signature



Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: Transformer Oil  CAS #: none  EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Other Pressure Ambient pressure Temperature Ambient temperature Storage Location <input type="checkbox"/> Transformer	14,963 Maximum Daily Amount (lbs) 14,963 Average Daily Amount (lbs) 365 Number of Days on Site <input type="checkbox"/> Optional Report	Container Type Pressure Temperature Storage Location	
Chemical Name:  CAS #:  EHS: <input type="checkbox"/> Yes <input type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Pressure Temperature Storage Location	Maximum Daily Amount (lbs) Average Daily Amount (lbs) Number of Days on Site <input type="checkbox"/> Optional Report	Container Type Pressure Temperature Storage Location	





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Topeka KS 66612-1365  
(785) 296-1688

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2. Facility Identification 2a. New Facility ☐ Yes ☒ No

1. Reporting Period  
From January 1 to December 31, 2024 Page 1 of 4

3a. Owner/Operator Identification

Name UNION PACIFIC RR-HERINGTON YARD  
Street Address 501 NORTH 5TH ST  
Latitude 38.6759870 Longitude -96.9483770  
City HERINGTON County DICKINSON State KS Zip 67449  
Phone 816-399-1440  
NAICS 482111  
RMP Fac ID        ☒ N/A  
TRI Fac ID        ☒ N/A  
Max # of occupants 300 ☒ Manned ☐ Unmanned

Business Name UNION PACIFIC RAILROAD  
Address 1400 DOUGLAS ST State NE Zip 68179  
City OMAHA State NE Zip 68179  
Business Phone 402-544-5000 Country USA  
Submitter TYLER PARKER  
Email taparker@up.com  
Dun & Bradstreet 006991599

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? ☒ Yes ☐ No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)? ☐ Yes ☒ No

4a. Tier II Contact

Name TYLER PARKER Title ENV COMPLIANCE MGR  
Phone 816-398-1595 24-hour phone 888-877-7267  
Email taparker@up.com

4b. Emergency Contact  
Name LANE SEKAVEC Title HAZ MATERIALS MGR  
Phone 816-830-0178 24-hour phone 888-877-7267  
Email laneasekavec@up.com

Name RESPONSE MGMT Title COMMS CENTER  
Phone 888-877-7267 24-hour phone 888-877-7267  
Email laneasekavec@up.com

5. Section Reporting: Please check as appropriate

☒ Section 312 ☐ Section 311 ☐ Section 302  
☒ Annual ☐ Revision ☐ Identical to last year

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Facility ID #        Parent ID #        Entered by       

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☐ Site Plan ☐ Description of Dikes  
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I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through        and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Name and official title of owner/operator or authorized representative Tyler A. Parker Date 02/14/25 Signature

## Page 2 of 4

[illegible]